

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-790

Page 1 of 3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPLANT FOR FIXING ADJACENT BONE PLATES

the specification of which is:

☒ attached hereto
☐ was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

			Priority Claimed
<u>101 28 918.9</u>	<u>Germany</u>	<u>JUNE / 15 / 2001</u>	
(Number)	(Country)	Month/Day/Year Filed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	Month/Day/Year Filed	

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s); or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**U.S. Parent Application
or PCT Parent Number**
PCT/EP02/05652

**Parent Filing Date
(MM/DD/YYYY)**
MAY / 23 / 2002

**Parent Patent Number
(if applicable)**

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-790

Page 2 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from Hoeger, Stellrecht & Partners, Uhlandstr 14 c, D-70182, Stuttgart, Germany, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637 and Douglas M. McAllister, Registration No. 37,886, all of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full name of first inventor: **Markus NESPER**

Inventor's Signature Markus Nesper Date: 2003-11-20
Residence Tuttlingen Germany Citizenship: German
(City) (State or Foreign Country)

Post Office Address Rote Strasse 23 78532 Tuttlingen Germany
(Post Office Address) (City) (State & Zip Code/Country)

Full name of second inventor: **Klaus-Dieter STEINHILPER**

Inventor's Signature Klaus-Dieter Steinhilper Date: 2003-11-20
Residence Tuttlingen Germany Citizenship: German
(City) (State or Foreign Country)

Post Office Address Kolpingweg 45 78532 Tuttlingen Germany
(Post Office Address) (City) (State & Zip Code/Country)

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-790

Page 3 of 3

Full name of third inventor: **Dieter WEISSHAUPT**

Inventor's Signature *Dieter Weisshaupt* Date: 2003-11-20

Residence Immendingen Germany Citizenship: German
(City) (State or Foreign Country)

Post Office Address Bachzimmerer Oesch 10 78194 Immendingen Germany
(Post Office Address) (City) (State & Zip Code/Country)

Full name of fourth inventor: **Dr. Karl-Dieter LERCH**

Inventor's Signature _____ Date: _____

Residence Witten Germany Citizenship: German
(City) (State or Foreign Country)

Post Office Address Nordstrasse 16 58452 Witten Germany
(Post Office Address) (City) (State & Zip Code/Country)

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-790

Page 3 of 3

Full name of third inventor: **Dieter WEISSHAUPT**

Inventor's Signature _____ Date: _____

Residence **Immendingen** **Germany** Citizenship: **German**
(City) (State or Foreign Country)

Post Office Address **Bachzimmerer Oesch 10** **78194 Immendingen** **Germany**
(Post Office Address) (City) (State & Zip Code/Country)

Full name of fourth inventor: **Dr. Karl-Dieter LERCH**

Inventor's Signature Dr. Karl-Dieter Lerch Date: Nov. 25th, 2003

Residence **Witten** **Germany** Citizenship: **German**
(City) (State or Foreign Country)

Post Office Address **Nordstrasse 16** **58452 Witten** **Germany**
(Post Office Address) (City) (State & Zip Code/Country)